MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH Registration District No. \_\_Primary Registration District No. \ \_Registrar's No. DO NOT WRITE AMENDED ON THIS STUB 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. a. STATE VS 300 admission) AMENDED Rev. 4/59 b. CITY (If outside corporate limits, give TOWNSHIP only) c. CITÝ Length of stay in 16 Inside Limits OR TOWN Yes 🔼 No 🗆 D.O.A. c. FULL NAME OF (If NOT Inside Limits d. STREET (If cutside, give location) Reside on Farm HOSPITAL OR **ADDRESS** INSTITUTION Yes 🗌 No 🗷 GRANDA 3. NAME OF DECEASED 4. DATE (Type or print) 1943 DEATH BENE DEK CLUNE-9. AGE (last birthday) IF UNDER 1 YEAR | IF UNDER 24 HR 5. SEX 4. COLOR OR RACE 7. Married 🚰 Never Married 🗌 8. DATE OF BIRTH Widowed [ Divarced [ 5-13-1918 106, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) 13b. MOTHER'S MAIDEN NAME DOROTHY 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give wer or dates of se 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Asphyxiation IMMEDIATE CAUSE (a) ligature around neck DUE TO (b) Conditions, if any, which gave rise to SE ZE. above cause (a), stating the under-DUE TO (c) lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III. If deceased ö there a pregnancy in last 90 days. disease condition given in PART I (a) AMENDMENTS Unknown 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 20a. ACCIDENT SUICIDE HOMICIDE 19. WAS AUTOPSY PERFORMED? YES | NO 12 Hanging Month, Day, Year 20c, TIME OF Hour RIBBON USE BLACK INK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.)

basement of home Lemay St HATTOO PARK COUNTY WHILE AT WORK IN St. Louis Missouri *FYPEWRITER* READ \_and last saw her him alive on\_ 21. I attended the deceased from. m on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at. SHOULD 22c. DATE SIGNED 22b. ADDRESS (Degree or title) 22a, SIGNATURE Ö 6/15/63 Clayton. Coroner AFFIDAVIT 23d, LOCATION (City, town, or county) 23a. BURIAL, CREMA (OR REMOVAL (Specify) ġ DATE RECD. BY LOCAL REG. TEM

(Licensed Embalmer's Statement on Reverse Side)

## STATEMENT BY LICENSED EMBALMER

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working under my personal super	rvision.	Signed Istatav Il Multiple
Signature of Stude	ent Embalmer	1120
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Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

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If embalmed by a STUDENT, he also shall sign in his OWN handwriting. . . . If this body is not embalmed, fact should be so stated above.